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LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,
H. A. COTTELL, M.D., } Editors.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

Vol. XIII. LOUISVILLE, FEBRUARY 25, 1882. No. 8.

J. W. HOLLAND, A. M., M. D., ... } Editors.
H. A. COTTELL, M.D., ... }

TONSILLOTOMY AND SUICIDE.

In an industrial community there is no place of honor for an idler. Where all the others have a daily allotted task, for any one to be satisfied with doing nothing is to bring him under the suspicion of doing ill. The tonsils at one time were supposed to serve in modulating the voice, but since this idea was abandoned they have fallen, in the general estimation, into the disgraceful position of drones to the corporeal hive. Another analogy to the drone was suggested in the theory broached some time last year, and since exploded—namely, that they bore an important relation to the propagation of the species. The devil of disease finds some mischief still for them to do. There can be no question of the fact that when they are the seat of disease they may exercise a very serious influence in disturbing the general health.

In the Boston Medical and Surgical Journal, February 2, 1882, is an article, by Dr. Morton Prince, in which the author attempts to show that acute follicular tonsillitis is a constitutional disease. This view is founded chiefly upon the fact that there is no similar self-limited disease capable of producing in so short a time such a profound impression upon the strength and well-being. This severity in the constitutional symptoms has led him to believe, contrary to the general opinion, that this affection in many cases is not simply a local disease. In no other way can he account for the disproportionate fever, headache, backache, loss of flesh, and, more striking than all other symptoms, the extreme physical prostration.

When a study is made of the constitutional effects of chronic non-febrile enlargement of these bodies, the inclination to class the acute disease among the specific infectious fever because of its severe general effect will, we think, suffer some abatement. Mackenzie* gives a graphic account of the remote consequences of enlarged tonsils. He says that we can often predicate their existence by the drooping eyelids, dull expression, and thick voice of the child. The natural respiration through the nose is impeded and the mouth is kept constantly open. The voice becomes nasal and the speech thick and guttural. The hearing is frequently impaired, and the pleasure of living is in this way compromised. The partial occlusion of the nasal air-passage, compelling the patient to breathe in the air directly by the open mouth, exposes him in an unusual degree to the external causes of diseases of the respiratory tract. Persistent interference with respiration in time produces a deformity of the thorax known as "pigeon-breast." Chassaignac has observed that though the diaphragm is competent to neutralize the mechanical impediment to respiration, yet there are frequent intervals when exhaustion supervenes from this increased effort, and then oxygenation of the blood is very incomplete; vitality is depressed and a state of poor health induced. He thinks the local pressure of the enlarged glands diminishes the supply of blood to the brain and impedes its return, while the digestive

* Diseases of the Larynx, Pharynx, and Trachea, p. 47.

organs suffer when there is difficulty of swallowing. Smelling and tasting are markedly defective in those who have suffered for some time.

It seems not improbable that if a person were inclined to suicide by nature or by unhappy conditions of life, the depressing effects just recited as due to chronic enlargement of the tonsils would make the burden too great to bear, and self-slaughter would be a natural means of relief; but as yet there is no grouping of facts pointing that way, unless the conclusions of Dr. Rubio be so considered. Under the title Amygdalotomy and Suicide Dr. R. B. Taylor gives, in the Medical Times and Gazette, an account of a lecture by Dr. Rubio at the Madrid Institution for Medical Practitioners. The lecture was based upon four cases of suicide occurring in young persons subsequent to excision of the tonsils. The tender age of the four persons (one at fourteen years) he thought precluded all idea of thwarted passions, financial losses, blemished honor, *tedium vitæ*, or other factors which commonly play an important part in the production of suicidal mania.

Lest too much value be given to this point, we draw attention to some rather surprising conclusions arrived at by Prof. Morselli,* in analyzing voluminous data gathered during many years. He found that "two periods in life are characterized by a special inclination toward suicide—the first from youth to complete manhood, the second during manhood." While suicides in children were exceptional, "yet there were suicides committed by mere infants of five and even three years old." In the French statistics during a period of eight years there were registered thirty-eight suicides of children of thirteen years, eleven of twelve, sixteen of eleven, six of ten, four of nine, three of eight, and eight of seven years only.

Before deciding that the excision of the tonsils was the direct cause of the suicidal impulse, the chronic ill health due to the enlarged tonsils, a condition not instantly remedied by excision, should be excluded from the problem.

Permanent bad health means low spirits, *tedium vitæ*, because the life itself is never at a full and pleasurable level. No mention is made by Dr. Taylor of the systemic effects which preceded the excision, though they were serious enough to call for the operation.

Prof. Rubio took the ground that there was a direct connection between the tonsillotomy and the suicide, and broached the following theory to account for it:

> This point of departure is the remarkable property which every portion of the pharyngeal isthmus, and especially the uvula, possesses of causing reflex action in many and distant organs. The slightest touch of the uvula excites contraction of the whole digestive apparatus, from the jaws and their muscles to the pylorus, diaphragm, and sphincters, creating gastric spasm and sickness. The most insignificant inflammation of the pillars or of the soft palate interferes with deglutition to a degree out of all proportion to the swelling of the affected part, just as a trivial pharyngeal angina causes violent efforts at swallowing and simultaneous over-action of all the facial muscles, not excluding even those of the eyes and eyelids. . . .
>
> Dr. Rubio, taking into consideration the sympathetic responses of the digestive and respiratory organs to the calls of the palatal appendage, regards it as *a center of gastric and respiratory reflex actions.* Bearing in mind the fact that *the symptoms of disease in an organ of special reflex action are transmitted to every other organ with which they are physiologically connected*, it is easy to account for those most diverse and apparently anomalous morbid phenomena which, due to a simple elongation of the uvula, betray their presence in larynx, lungs, stomach, heart, and head. We can on the same grounds explain, as Dr. Rubio has so forcibly pointed out, why certain apparently insignificant pharyngeal irritations give rise to those strange, pseudo-hypochondriacal and pseudo-hysterical groups of symptoms which as occurring in both sexes he has denominated pharyngeal hypochondriasis and pharyngeal hysteria.
>
> According to Dr. Rubio, these pharyngeal reflex diseases possess features to some extent similar to those present in persons suffering from fissure of the anus. Just on the same principle as the sufferings of these latter patients induce a state of terror and mental depression bordering upon hypochondriasis, so also a fissure of the pillars of the pharynx, caused by a nipping of a portion of the same during excision

*Suicide. By H. Morselli, M.D.

of the tonsils, inducing thereby a state of incessant irritation of the unhealed pharyngeal fissure, kept up by the act of deglutition and the contact of solid and liquid food, may influence the reflex action upon the brain sufficiently to lead to perversion of the affective faculties, despondence, or anger, and ultimately to self-destruction.

In conclusion, Dr. Taylor remarks that whatever may be the fate allotted to Dr. Rubio's ingenious theory, the relationship between amygdalotomy and suicide is, beyond doubt, a topic well worthy of careful and attentive consideration.

Original.

NATURE AND TREATMENT OF CORYZA.

A Clinical Lecture

BY WM. T. PLANT, M.D.,
Professor of Clinical Medicine and Diseases of Children in Syracuse University, New York.

Gentlemen: Here is an infant, aged three months. It is brought to the dispensary to be treated for a profuse nasal discharge and soreness of the upper lip. The mother says it was quite well until nine days ago, when, through moving into a house in which there had been no fire for some time she thinks it took a cold in its head. It began to be feverish and indisposed; there was a watery discharge from its nose which soon became thick and opaque, as we see it to be now. She says the discharge has "poisoned" the upper lip and the margins of the nose, and you may notice that all the surface with which the secretion has come in contact in its outflow is irritated and swollen, and in some places raw. The mother also tells us that for one day and night the little one seemed to be in a great deal of pain, that it often carried its hand to one side of its head, and that the next day she noticed a discharge from the corresponding ear, which has continued ever since.

This is a case of coryza or nasal catarrh, a very common affection in early life, and especially in earliest infancy. Popularly it is known as a "cold in the head," and when it is light and effects the nose only it is called the "snuffles." It is not often a dangerous malady, nor can its natural course be much abridged by medical treatment. Still you should know about it, because it is so common, and because every thing which concerns the health of children is for you to know.

Coryza prevails most when the weather is damp, and cold, and changeable. Sometimes it occurs epidemically, and in this State (New York) it is especially apt so to occur in March and April, when the steady cold of Winter is giving way to the raw and damp air of early spring. These are its symptoms: It begins with sneezing and snuffling and general uneasiness. There is some chilliness, though this symptom may not be apparent to us. Soon the infant is noticed to have some fever. As a rule the fever is not of high grade, but there are some exceptions to the rule. At the very first the nasal mucous membrane is preternaturally dry; but this stage is very soon succeeded by another in which the natural secretion is largely increased. At first the discharge is thin, limpid, and unirritating, but it soon grows thicker and opaque, and finally becomes viscid and purulent. Often it is quite copious, and if not removed as it is formed it dries down to unsightly crusts within the nostrils and around the outlets. Through the swelling of the mucous membrane and the accumulation of the discharge nasal respiration may be almost or entirely suspended, and the child is driven to lie with its mouth open. The nursling naturally breathes mostly through its nose, and if that is stopped up it is put to serious inconvenience. If it tries to nurse it can not breathe, and it is obliged instantly to forego its quest for food in order to get air. When the discharge has become thick it is frequently so acrid and irritating that it seems to "poison," as this woman puts it, the integuments with which it comes in contact. Tumefaction and excoriation of the upper lip and margin of the nose add much to the discomfort of the little patient.

The coryza is not necessarily limited to the nose. It may extend to the sinuses above it and cause tensive frontal headache; it may pass through the nasal ducts to the conjunctivæ, causing profuse lachrymation and hyper-sensitiveness to light; or it may creep along the eustachian tubes to the ears—one or both—giving rise to earache, and perhaps to temporary deafness, as in the case before us; or lastly it may pass downward to the air-tubes, producing hoarseness, and cough, and bronchial catarrh. Its extension in the latter direction is, I think, the most frequent.

The average duration of a coryza is from one to two or three weeks. Some children take cold so easily that before one attack is

recovered from another begins; the result is a continuous catarrh, lasting, it may be, the winter through.

I should tell you, too, that there is a well-marked chronic form of nasal catarrh, in which the discharge continues month after month, and it may be year after year, irrespective of colds. Such a condition may result from measles, or scarlet fever, or diphtheria; or from some inherited vice, as scrofula or syphilis. Indeed a chronic nasal catarrh is an early and pretty reliable symptom of the latter disease. In this form the discharge is apt to have a fetid odor—ozena. It may last indefinitely without treatment, and sometimes it lasts indefinitely with treatment. The sense of smell may be impaired or entirely lost.

TREATMENT.

In light attacks of acute catarrh confined to the nares—snuffles—little treatment is necessary beyond confinement to rooms of a proper and uniform temperature. It will be well, especially if there is some fever, to give an aperient, as castor oil, or syrup of rhubarb, or magnesia; also, if the infant is not too young, a hot foot-bath with mustard once or twice daily. The accumulation of crusts within and outside the nostrils should be prevented by the use of vaseline or sweet oil. A camel's-hair pencil charged with either of these agents may be passed up the nostril. If it causes sneezing that is a benefit, since it dislodges and throws out the discharge already present. A similar application should be made to the upper lip to prevent soreness and excoriation.

I have sometimes given an evening opiate after a warm bath, with the apparent effect of putting a speedy end to the coryza. But if the disease continues this is good treatment, since it reduces fever by promoting diaphoresis, and secures rest and comfort. For this purpose I usually give Dover's powder in doses of from .03 to .04 Gm. (gr. ½ to ⅔) to an infant of one year. Dr. Ellis, in his book on Diseases of Children, speaks highly of spirit of camphor in small doses repeated hourly or less. He thinks this agent relieves the frontal fullness and brings the coryza, if given early, to an abrupt end. Ringer bears similar testimony to the power of this drug. I have never used it for this purpose.

To reduce the fever I know of no agent equal to aconite. It should be given in very small doses frequently repeated. Of the tincture a fraction of a drop—from a twelfth to a half, according to the age—may be given in a teaspoon of water as often as every twenty or thirty minutes for two or three hours. By this time if the child has been well covered it is probably sweating, and then the medicine should be given less frequently.

If before the catarrh has run its course the patient begins to be annoyed with a frequent and tight cough I take it as a hint that the trouble is extending downward to the air-tubes. To promote secretion and loosen the cough the soonest possible I resort to minute doses of tartar-emetic. Dissolving one grain in a goblet of cold water I give a teaspoonful once in twenty or thirty minutes until the cough is loose; then less frequently. I should say, however, that I do not often give tartar-emetic to infants under one year. With these I prefer the wine or syrup of ipecac. It is thought by some practitioners that the extension of the catarrh to the bronchial tubes may be prevented by an emetic if given at the beginning of the cough.

A severe cold leaves a child weak, listless, and peevish. Though this state is soon recovered from without medicine possibly the cure may be hastened by a tonic. For this nothing is better than the tincture of nux vomica, from one to five drops as advised by Dr. Ellis.

What shall we do with the children two years old and upward who are "forever taking cold"? Usually they are of those who are reared in the most delicate way. They are kept day and night in over-heated rooms; they are warmly clad; if bathed it is with warm water; if taken out for an airing they are so encumbered with cloak and tippet and veil that exercise is impossible. Such children are like hothouse plants, and they can but take cold when occasion presents itself. A different course, opposite in some respects, will give better results. The child should have a daily cold bath. Commencing with warm water it should be used cooler each day by a degree or two until the desired temperature, 50° to 55° F., is reached. In winter the bath may be given in warm apartments, but the water should still be cold. After the bath the surface should be rubbed with a fluffy towel until it is aglow. The child should also be allowed unrestricted exercise in the open air without being hampered by extra wrappings. Encourage it to expand its lungs and quicken the blood-current by abundant action. If it becomes overheated it should receive some additional

covering during the cooling process after the exercise is over:

The treatment of *chronic* nasal catarrh is quite different from that of the acute. Locally while preventing the accumulation of crusts by the same means advised in the other form you will endeavor to bring the mucous membrane to a healthy state by astringent and alterative applications. Solutions of common salt, alum, sulphate of zinc or tannin, may be used with the syringe. It is not often necessary to make these solutions strong enough to excite pain. I am partial to the following:

℞ Hydrarg. chlor. mitis, ℥j; 4.00 Gm.;
Aquæ calcis..... fl.℥iijss; 105.00 fl.Gm.;
M. et. ad. glycerinæ.. fl.℥ss; 15.00 fl.Gm.

Apply with a camel's-hair brush two or three times daily.

Another excellent application is the citrine ointment, one part to six or eight of vaseline.

Children with chronic catarrh are often pale and flabby, and need a tonic and generally a chalybeate. You can make your own combinations, or, if you wish a formula, here is one that has served me well:

℞ Fer. et amm. citratis, ℥ss; 2.00 Gm.;
Elix. calisayæ..... fl.℥ss; 15.00 fl.Gm.;
Tinct. nucis vom.... fl.℥ss; 2.00 fl.Gm.;
Syrupi simpl..... } ää ad.fl.℥iv; 120.00 fl.Gm.
Aquæ..... }

Misce. A teaspoonful t. i. d. to a child of from one to three years.

In these cases, too, cod-liver oil is a remedy of value—doubly so if there is a scrofulous cachexia.

The hour has now expired, and I must detain you only to say that, if the chronic catarrh appears to be linked with constitutional syphilis, you must needs resort to specific treatment, and that by mercurials. With young infants I am partial to the inunction method, and I will tell you about that at another time.

SYRACUSE, N. Y.

Correspondence.

Editors Louisville Medical News:

I hasten to correct a very grave error into which your correspondent in New York has fallen in his letter published in the NEWS of the 11th inst., which I have this moment received. He makes me express a qualified approval of masturbation! I said most emphatically that it was a vile, vicious, degrading, and demoralizing practice that no one could be guilty of without self-abasement; but I did say that so far as the generative organs were concerned, so far as the physical effects went, it was no more injurious than a corresponding amount of sexual intercourse. I said also that young men and boys injure themselves by the act because the facilities for performing it are greater than they are for indulging in sexual intercourse. As to saying that "either would prove salutary if practiced occasionally," I never uttered so disgusting an assertion, and I am at a loss to know how your correspondent could so grossly have misunderstood me.

Trusting that this letter will be in time for your next issue, I am, yours sincerely,

WILLIAM A. HAMMOND.

NEW YORK, February 13, 1882.

Editors Louisville Medical News:

Thanksgiving Day, 1877, I was called to see Mrs. O. (white), seven months advanced in her second pregnancy. She was complaining of violent fetal movements, fever, and pain in the back. I feared a miscarriage, and ordered opium and rest. She got no better until upon the fourth day, when she developed a well-marked case of varioloid. She made a successful recovery, and was delivered by me, at full term, of a healthy child not at all marked by the disease in question. The child was born on February 27, 1878, and on the 7th of February, 1882, I vaccinated him with bovine virus. He is now going through typical vaccinia, is quite sick, and will doubtless have a typical scar.

E. R. PALMER, M.D.

LOUISVILLE, February 17, 1882.

Reviews.

Illustrations of Dissections. By GEORGE VINER ELLIS, Professor of Anatomy in University College, London, and G. H. FORD, Esq., Vol. I, second edition. New York: William Wood & Co. 1882.

Wood's Library for 1882 starts out well. It must have been quite expensive to reproduce the colored plates which are the leading feature of this book. In the original English edition the plates were lifesize, made from drawings by Mr. Ford of dissections by Dr. Ellis. To bring them within the compass of an octavo page they have been considerably reduced. There are twenty-eight

in all, some of them so good that we suppose the process to be a faithful one. Some of them, notably those representing the inside of the skull, are on too small a scale to be of much value. In order to have them on a scale uniform with the dissections of the neck and arm the parts are made smaller than was absolutely required by the size of the page, and so small and crowded are they that the ocular appendages as portrayed in them give no very definite or satisfactory impression. In some of the plates the tone of color on the small muscles is so much like that on the large arteries that a puzzle of identity is made. Surely a difference of color might be used which would be unmistakable. A concise description of the plates is contained in the text, with judicious remarks on the practical application of anatomical facts to surgery.

A Study of the Tumors of the Bladder. By ALEXANDER W. STEIN, M.D., Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1881.

The author had four cases of tumor of the bladder under observation within a few years. An experience so unusual is enough to stimulate any one to inquiry. They offered to Dr. Stein problems which he has with much honest labor endeavored to solve. In the course of his research into the literature of his subject he has compiled largely from others. Cases which have never been collected before have here been grouped and analyzed. The monograph is complete in all practical details, and has, we believe, no rival in its field.

A Treatise on Human Physiology. Designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., Professor of Physiology in the College of Physicians and Surgeons, New York. Seventh edition, thoroughly revised and rewritten. Philadelphia: Henry C. Lea's Son & Co. 1882.

This very popular work appears in its present edition somewhat diminished in size from condensation of certain sections, but increased in availability for every-day use. It has undergone very close revision, and expounds the science up to the latest discoveries. The author has not sacrificed all to condensation, but, as in former editions, serves his material in a highly assimilable style. It merits a continuance of the favor given it by students. The copy before us is elegantly bound in half-Russia.

Books and Pamphlets.

A NEW SYSTEM OF SURGICAL MECHANICS. By Chas. F. Stillman, M.D., New York. Reprint.

OPIUM-SMOKING IN AMERICA AND CHINA. By H. H. Kane, M.D., etc. Price, $1. New York: G. P. Putnam's Sons. 1882.

NASAL CATARRH IN THE NEW-BORN: ITS INFLUENCE ON RESPIRATION AND NUTRITION. By Richard C. Brandeis, A.M., M.D., New York. Reprint.

PLAIN FACTS ABOUT SMALLPOX FOR TEN CENTS. By John Telemachus Smith, M.D. New York: Murray Hill Publishing Company. 1882.

THE TRANCE STATE IN INEBRIETY: ITS MEDICO-LEGAL RELATIONS. By T. D. Crothers, M.D. With an Introduction, by Geo. M. Beard, M.D., New York. Reprint.

SOLUBLE COMPRESSED PELLETS: A NEW FORM OF REMEDIES FOR HYPODERMIC USE AND APPLICABLE TO OPHTHALMIC AND GENERAL MEDICATION. By H. A. Wilson, M.D., Philadelphia. Reprint.

THE STUDY OF TRANCE, MUSCLE-READING, AND ALLIED NERVOUS PHENOMENA. By Geo. M. Beard, A.M., M.D., etc., New York. 1882.

A brochure of forty pages containing matter chiefly autobiographical.

HOME AND CLIMATIC TREATMENT OF PULMONARY CONSUMPTION UPON THE BASIS OF MODERN DOCTRINES. By J. Hilgard Tyndale, M.D., Member of New York County Medical Society, etc. 12mo, cloth. Price, fifty cents. New York: Bermingham & Co. 1882.

Formulary.

PAPAINE IN DIPHTHERITIC CONJUNCTIVITIS.

Messrs. Bouchut and Hubert have lately met with quite a number of cases of diphtheritic conjunctivitis in the Hôpital des Enfants Malades. They have treated this hitherto somewhat rare disease with applications of papaine dissolved in distilled water:

Papaine.....	℥ ss;	2.00 Gm.;
Distilled water.....	fl.℥ ij;	8.00 fl.Gm. M.

and the children have all been cured. Quite lately another child suffering from this species of diphtheritis was similarly treated and recovered in three days' time.—*Med. and Surg. Reporter.*

HOP BITTERS.

The following is given as the composition of "hop bitters" (a patent medicine):

Tinct. hops.....	fl.℥ ss;	15.00 fl.Gm.;
Tinct. buchu ..... } Tinct. senega..... }	ää fl.℥ iij;	12.00 fl.Gm.;
Podophyllin dissolved in spirits of wine ...	fl.℥ ss;	15.00 fl.Gm.;
Tinct. cochineal	gtt. xx;	1.33 fl.Gm.;
Distilled water, to.....	Oj;	500.00 fl.Gm.

M. These ingredients will cost about ten cents. Selling-price, one dollar.—*Canadian Jour. of Med. Sciences.*

CROTON CHLORAL HYDRATE IN NEURALGIA.

Dr. C. J. Fox (Medical Bulletin) reports some seventeen cases of facial neuralgia successfully treated by croton chloral hydrate. His formula is as follows:

Croton chloral hydrate..	℥ ij;	8.00 fl.Gm.;
Glycerin	fl.℥ ij;	60.00 fl.Gm.;
Aquæ fontana, q. s.....	fl.℥ iv;	120.00 fl.Gm.

M. f. sol.

In ordinary cases he gives a teaspoonful three times a day. If the symptoms are quite urgent, a teaspoonful every two hours until the pain is relieved. In hysteria accompanied with convulsions it is specially valuable. In large doses the hypnotic effect is marvelous. Dr. Fox says that its primary action is clearly marked in producing anesthesia of the head, and not till after this will its influence extend to the organs of the body.

LAVILLE'S GOUT-MIXTURE.

New Remedies suggests the following as an equivalent working formula for the above:

Quinia sulphate.....	gr. 60;	4.00 Gm.;
Cinchonidia sulphate...	gr. 45;	3.00 Gm.;
Ext. colocynth.....	gr. 390;	25.21 Gm.;
Dilute alcohol.....	fl.℥ 6;	186.62 fl.Gm.;
Port wine, to make.....	fl.℥ 32;	995.30 fl.Gm.

Clinical Lectures.

AMPUTATION IN TRAUMATIC GANGRENE. CAN A MAN HAVE SYPHILIS TWICE? TREATMENT OF LICHEN PSORIASIS (LICHEN RUBER).

Delivered at the London Hospital.

BY JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the Hospital; Consulting Surgeon to Moorfields Ophthalmic Hospital; Professor of Surgery and Pathology, Royal College of Surgeons.

AMPUTATION IN TRAUMATIC GANGRENE.—IMPORTANCE OF AMPUTATION HIGH UP.

In cases of traumatic gangrene ought amputation to be performed without waiting for a line of demarkation to be formed? I believe that the reply of most surgeons to this question will be an unhesitating affirmative. Such certainly would be my own. We have recently had a very instructive case. A man, aged more than fifty, but of good constitution, was admitted with a compound fracture of the lower third of the leg. We tried to save it, and the limb was put up in antiseptic dressings. The foot, however, became gangrenous, and about the sixth day after admission Mr. Tay amputated the limb below the knee, the man being at the time very ill. The amputation was done through perfectly sound parts, but it was presently followed by gangrene of the stump. The flaps became livid, and the man was in a most urgent condition. Mr. Tay and myself in consultation determined at once to perform a second amputation, and within twenty-four hours of the first this was done in the lower third of the thigh. The man did well, and the stump on the second occasion has made, as you saw the other day, a very good one. The main reason for prompt amputation in such cases is that the gangrenous process is a very dangerous one. While soft parts are dying, and the circulation still going on to some extent through them the blood becomes poisoned by the absorption of gases and fluids from the putrescent parts, and a most dangerous condition of septicemia results. Of this state a rapid pulse, a sunken countenance, high temperature, and vomiting, are the most constant signs. It is remarkable how quickly they are sometimes relieved by the removal of the dying part. It may be that the process of mortification is also attended by shock to the nervous system, but I suspect that the chief part of the mischief is done through the blood. In the pyemia that results from phlebitis it is of no use to amputate after once the poisonous emboli have been shed from the inflamed vein into the blood. It is then too late, for the secondary abscesses will form whether you remove the original focus or not. In the septicemia from gangrene, however, the case is different. Here it seems to be easily possible for the blood to rid itself of the contamination. I well remember the case of a young soldier who was under treatment some years ago for a damaged foot, the consequence of a Canadian frost-bite. He had also obliteration of his femoral artery. My junior colleague at the time amputated through the tarsus. The stump never healed, and some time later I amputated in the upper third of the leg at a great distance from the disease, for the whole of his leg looked at the time as healthy as yours or mine. I went high up because I knew that the femoral artery was occluded. The result, however, was that the stump passed into gangrene, and very soon we had all the symptoms of the most severe form of that malady. The patient had frequent vomiting, a very rapid pulse, and was indeed in such a critical state when on the third day I decided to amputate again that I did not dare to have him taken from his bed. The second amputation, performed high up in the thigh, saved his life. No ill symptoms occurred after it, and the stump healed well.

I am inclined to believe that the usefulness of amputation in gangrene will become more widely appreciated, and that this measure will be resorted to, not exclusively in traumatic gangrene, but in all forms which are attended by serious constitutional symptoms. If a part be simply passing quietly into a mummified condition, and the patient's health not suffering, then there is no reason for interfering until you see where nature is going to make the separation. There is indeed no reason for interfering at all, for you must let nature finish the work. If you amputate near to the line of demarkation your stump is almost certain to slough, and all that you must dare do in the way of help in such cases is just to saw through the bones when they are laid bare. The explanation of disappointment in amputation for gangrene, traumatic or otherwise, is, I feel sure, almost always from amputating too near to the disease. In all such cases we ought always to go high up. If the foot be concerned go above the knee; if the upper extremity, near to the shoulder. You must think rather of the patient's life than of the length of his stump. Adopting this rule, I have of late years more than once amputated for severe forms of senile gangrene with very excellent results.

CAN A MAN HAVE SYPHILIS TWICE?

The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically in-

durated. He is quite candid, and makes no doubt that this sore was the result of contagion. Yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that a man may have an indurated sore on the penis within a year of a former one, but it is not proof that he may have syphilis twice, for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare perhaps as second attacks of smallpox—but they do occur. I am at present attending a gentleman who has a terrible phagedenic chancre and rupial eruption, and who unquestionably had complete syphilis, chancre, sore-throat, and rash seven years ago. I have also a second case under care, very much milder, but illustrating exactly the same fact, with almost precisely similar dates. Second chancres are, however, far more common than second attacks of constitutional syphilis. Many of them are the result of fresh contagion, but seem to have no power to produce constitutional symptoms; but others are not from contagion at all, but form in connection with a taint still remaining from the first attack. It is a most important fact that indurations may form in the penis in every respect exactly like Hunterian chancres, not distinguishable in any way, and yet that they may be merely recurred sores, and the products of constitutional taint. I have seen this over and over again; and M. Alfred Fournier of the St. Louis Hospital has written a very instructive paper on this form of sore. In the case of our patient it is obviously impossible to say, after the statement which I have just made, whether or not his present sore is the result of fresh contagion. It may be simply a relapse, or it may be a gumma. He, however, confesses to exposure; and as the sore followed in due course it is probably true that he was afresh inoculated.

Second attacks of syphilis are sometimes, as in the case just mentioned, very severe. The same has, I believe, been occasionally noted in recurred attacks of variola. As a rule, however, they are mild, or even abortive. Third attacks may even occur; and so may, as we are told, third attacks of smallpox. We must explain such facts, I expect, by reference to individual peculiarity and idiosyncrasy, but it is important that they should be known. The belief that syphilis can occur but once in a lifetime is very widely spread among a certain class of the public. I have watched with amusement the change in expression in many a young gentleman's face when he got my reply to his smiling suggestion—"A man can not, I suppose, have the disease a second time?"

TREATMENT OF LICHEN PSORIASIS (LICHEN RUBER).

We discharged recently from Sophia ward a middle-aged woman who was the subject of lichen psoriasis. As I explained at her bedside, I much prefer this name to either of the others by which this disease is known. As you know, it has been named lichen ruber by some, and lichen planus by others. It is, however, essentially a form of psoriasis. It occurs to the same class of subjects, is curable by precisely the same means, and like psoriasis is liable to relapse or recur after considerable periods of health. The case which we have just been studying was of much interest in reference to the points to which I have adverted. Although it certainly was an example of the malady known as lichen ruber, yet in parts the eruption was not distinguishable from common psoriasis. It conformed to the lichen type in that it began in little papules, which occurred in groups; and when a patch was formed it was by the coalescence of a number of small papules. This mode of spreading is perhaps the chief feature of distinction between the malady in question and common psoriasis. The latter begins as a point, which spreading at its edge, becomes a papule, which, again enlarged at its border, becomes a patch, possibly a very large one. Thus psoriasis patches are always almost round, nummular, i. e. like coins or rings, while those of lichen ruber are irregular, in lines or particles. In the case in question most of the eruption was arranged in this manner, but some patches were not. On the elbow-tips and over the ulnæ were patches which in mode of formation and in accumulation of scales could not be distinguished from common psoriasis. Our treatment of the case was exactly that of the latter disease—tar externally and arsenic internally. In nine cases out of ten these remedies will cure lichen psoriasis pretty quickly.

Some of you may remember a man whom we had under care six months, a splendid specimen of the disease. He had been sent to me by Mr. Forshall of Highgate. It was a first attack, and occurred to a healthy young man. I prescribed arsenic and tar. Through Mr. Forshall's kindness I had an opportunity of seeing this man again last week. He told me that about six weeks' use of the remedies quite cured him, and that he has during the last four months remained without treatment quite well. In our last case, however, we have not been so fortunate. Our patient was of very peculiar nervous system, in fact almost insane, and the influence of arsenic appeared to be to excite her. Several times we had to suspend it on account of the irritable condition which it appeared to produce, and finally she was discharged from the hospital uncured, in consequence of the trouble which she gave in the ward.

As a rule I have found lichen psoriasis more easily influenced by treatment than common psoriasis. The cure is also usually more complete. The periods of immunity are also longer, often not less than several years; whereas psoriasis, however good the cure may be, relapses usually, I think, within the year.—*British Medical Journal.*

Miscellany.

CONFIDENTIAL COMMUNICATIONS TO MEDICAL MEN.—It must be self-evident to all honorable men that one of the gravest breaches of medical ethics is the disclosure by a physician or a surgeon, when not legally or morally compelled to reveal the same, of "medical secrets," whether they consist of communications made to him or facts or circumstances which come to his knowledge professionally (British Medical Journal). . . .

The first and the leading case, which has been ever afterward followed respecting the

before-mentioned confidential communications, in which it was decided that a medical man is bound to reveal statements made to him in this capacity, was the trial of the Duchess of Kingston for bigamy in 1776, when Mr. (afterward Sir Cæsar) Hawkins, who attended the duchess as her surgeon, objected to reply directly to a question put to him concerning her marriage, upon the ground that he did not know how far any thing which had come before him confidentially in his profession could be disclosed consistently with his professional honor. In this case Lord Mansfield said that if a surgeon were voluntarily to reveal professional secrets, "to be sure he would be guilty of a breach of honor and of great indiscretion; but to give that information in a court of justice, which by the law of the land he is bound to do, will never be imputed to him as any indiscretion whatever." Since this period, and during the former part of the present century, a few other cases of medical secrecy have been described to the same effect. On the other hand, however, in the case of Witt v. Witt and Klindworth, which came before the Divorce Court in 1862, Sir C. Cresswell disallowed letters to be produced in evidence which were written by a patient to a medical man describing the symptoms of his illness, but he did not give any reasons for this decision. There have since been several judgments as to the right of litigants against public companies to inspect reports concerning their cases by the medical men of such companies. In 1864 it was held by Vice-chancellor Kindersley, at the trial before him of Lee v. Hamerton, that a confidential report to an insurance company by its medical officer respecting the state of health of a person whose life was proposed to be insured, was not entitled to be protected from inspection by the defendant in an action in which it was required as evidence; although, as this learned equity judge said, that "no doubt, when an insurance company consulted a medical man, asking his opinion as to the state of health of a party whose life was proposed for insurance, the medical officer would not wish his opinion to go about the world, and therefore it was in that sense confidential." . . .

There are several eminent lawyers, as well as, we believe, the majority of medical men, who think that confidential communications to the latter in their professional capacity should be privileged from disclosure, as are those between solicitors and counsel and their clients. Thus in the case of Wilson v. Rastall, tried before the Court of King's Bench in 1792, Mr. Justice Buller expressed his deep regret that the information acquired by medical men in their professional attendances was not privileged from being made known to others; and Chief Justice Best, in the case of Broad v. Pitt, tried in the Court of Common Pleas in 1828, appears to have leaned to this opinion; while Lord Brougham more clearly entertained it when, in the case of Greenough v. Gaskell, decided before him in the Court of Chancery in 1833, his lordship said, after stating that the rule of excluding statements to individuals from testimony in courts of justice was limited to legal advisers, "that certainly it may not be very easy to discover why a like privilege has been refused to others, especially to medical advisers." Again, according to Greenleaf's Treatise on the Law of Evidence—which is the leading American text-book upon this subject—it is stated that by the Revised Statutes of New York "no person duly authorized to practice physic or surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician or to do any act for him as a surgeon." It appears, however, the privilege may be waived by the patient, when of course the physician or surgeon is at liberty to reveal the facts; but it has been decided that a consultation as to the means for procuring abortion in another is not protected from disclosure by the statute, as it would be against public policy for this to be excluded from testimony. Similar statutes have been passed in Missouri, Wisconsin, Michigan, and Iowa. In the last-mentioned State the privilege is extended to public officers, when the interests of the public would suffer by the notification of their evidence.

From what we have here stated it is to be hoped that our legal tribunals will recognize the importance and necessity of protecting and extending, as far as they consistently can, the sacred obligation under which medical men are, of faithfully keeping inviolate the professional secrets which come to their knowledge; inasmuch as an indifferent observance of this duty would materially degrade our honorable profession, and be productive of grievous ill consequences both to it and to the public generally.

KENTUCKY STATE MEDICAL SOCIETY.—The Twenty-seventh Annual Session of the

Kentucky State Medical Society will be held in the rooms of the Polytechnic Society of Kentucky, in this city, beginning on Wednesday, April 5, 1882. This session promises to be one of unusual interest to the profession of Kentucky, and it is the purpose to make it *a working session.* Voluntary papers are particularly solicited. The members are requested to notify the secretary by postal card if they will favor the Society with a paper, and give its title. The programme will be issued about the 20th of March. The usual arrangements for the comfort and convenience of members while in attendance will be made and announced. Address L. S. McMurtry, M. D., secretary, 628 Fourth Avenue, Louisville.

DEATH OF THE CARBOLIC CRAZE.—To every thoughtful man it must be perfectly humiliating, from the scientific standpoint, to reflect on the surgical fanfaronade which for the past few years agitated not only the profession but the public in connection with carbolic acid, and now to read in the editorial columns of a contemporary, "we may say that the day of carbolic acid is over." . . . "The spray has been abandoned by many surgeons, and even Mr. Lister has spoken in qualified terms of its necessity; and had we to prophesy instead of to record accomplished facts we might venture to predict an early abandonment of this cumbrous addition to a surgeon's armamentarium."—*Med. Press and Circular.*

VEHICLES FOR ABSORPTION.—Dr. Vigier has observed that as the result of a series of researches he had made on this point he had found that lard is the best fatty body when medicinal absorption is desired, vaseline coming next, and glycerin last. This last, therefore, is a bad vehicle when cutaneous absorption is in view, but an excellent one when we wish to avoid this; so that we may by its aid avail ourselves of the parasiticide action of corrosive sublimate without fearing the production of mercurial poisoning. —*Gaz. Hebdom.*

KOUSSO RESIN.—Prof. Arena (*Prak. Arzt.*) states in regard to the action of fresh and old kousso as a vermicide that this substance loses its activity by keeping, and this is due to the alteration in the resin, which is the active principle. The fresh resin is green, with a somewhat bitter and unpleasant taste. The old resin is yellow, and without bitterness.—*Practitioner.*

Selections.

Treatment of Obesity.—M. de Saint-Germain ranks among the principal therapeutic means proper to combat obesity regimen and exercise. He relates in detail the case of a well-known French medical man. Descended from parents who were not particularly fat, and rather lymphatic than sanguineous, this gentleman reached the age of twenty-one without the least tendency to obesity. During the first years of his studentship he was much the thinnest and tallest of his companions. When he obtained a house-surgeonship, under the influence of the change of the diet, and especially of the larger quantity of wine he took with his meals, he became much fatter in a single year. This development of fat once set up continued to increase, until, in 1864, when twenty-eight years old, he weighed two hundred and fourteen pounds with his clothes on, which represented about two hundred and four pounds when undressed. From 1864 to 1872 he constantly increased in weight, until, in 1873, he attained the weight of two hundred and thirty pounds. He determined to resist this morbid growth of adipose tissue, and undertook, by advice of a friend, the classic treatment consisting of Vichy water, iodide of potassium, Marienbad water, gluten bread, exercise, etc. He obtained some result, in so far that at the end of about six weeks he had lost twenty-nine pounds in weight, but he found it impossible to continue this treatment. The least fatigue induced copious perspirations, he was out of breath if he went up two flights of stairs, and he had fallen into an advanced stage of anemia. Discouraged by this want of success, he resumed his former way of life, regained his previous weight of two hundred and thirty pounds in a few weeks, and, with the weight, his usual vigor and vivacity. From 1873 to 1877 there was nothing particular to note, except some alternations of becoming thinner or fatter, almost always coincident with the less or greater absorption of fluids. He grew fatter in the summer and a little thinner in the winter. Finally January 4, 1881, our friend found that he weighed two hundred and sixteen pounds without his clothes. He felt that he must really set seriously to work to reduce himself, and commenced the following system of exercise and regimen. He rose at five o'clock in the morning, and rode at a quick trot, first one hour, then, after some time, an hour and a half, then two hours. After this exercise he found himself absolutely covered with sweat. Putting on a warm overcoat, he immediately walked about two miles in twenty minutes. He then went home, dried and dressed himself, and went to the hospital. After two months he changed the order of exercises—began by walking two miles at a rapid pace and ended by two hours' fast riding. So soon as a certain amount of reduction of his obesity permitted, he began fencing, and went on for five months on the following plan: walking two miles in twenty minutes, two hours' fast trotting on horseback, and twenty-five minutes' fencing; to these exercises he added swimming every other day.

The regimen must now be taken into consideration; and here M. de Saint-Germain points out that regimen has a powerful effect upon obese patients; in fact, so powerful that a patient may be tempted to abstain from the fatigue of exercise, and to trust entirely to dietetic regulations; one thing however must not be overlooked, and that is that the loss of weight due to regimen alone is accompanied by muscular weak-

ness. Exercise must be taken if muscle is to be strengthened by diminishing the adipose element. The French first breakfast—generally composed of chocolate, coffee and milk, or soup—was in this case absolutely cut off; the second breakfast, answering to our luncheon, was invariably composed of two boiled eggs, a mutton cutlet, with salad or fruit, a cup of coffee without sugar or brandy, and not any bread or wine whatever. M. de Saint-Germain insists greatly on total abstention from bread and wine, which, in his opinion, forms the cardinal point of the cure; and more especially on the abstention from wine, which he believes fattens, both by the alcohol it contains and by the amount of liquid it introduces into the animal economy. The patient in question drank water only with his breakfast, and cold or tepid coffee only if he required any other drink during the day. For dinner the diet was one dish of meat, one dish of green vegetables, and some fruit; neither soup, bread, nor wine was allowed. One of the first results observed from this regimen was the disappearance of the irresistible sleepiness he had suffered from after breakfast and dinner, and the perfect calm of his nights, which had frequently been disturbed by an insatiable thirst. He found also that the regimen was strengthening to him and that he had never been able, at any period of his life, to go through the exercise already described so quickly and with so little perspiration.

M. de Saint-Germain insists strongly on the necessity of patients under treatment for obesity keeping an exact register of their weight from day to day, made with great care, so that if the reduction be too rapid the severity of the diet may be relaxed or the amount of the exercise reduced. He gives some elaborate tables in support of his practice, too long to be reproduced here, but which show immediate increase of obesity if his dietetic rules be infringed. He enters a vigorous protest against the folly and danger of systems of reduction of obesity based on the use of alteratives and purgatives. This method, he asserts, only influences obesity by inducing a cachetic condition in the patient, and its smallest drawback is that it can only be continued for a certain time. He states that, for children especially, when obesity is concomitant with infantile paralysis, the treatment should be residence in the country at a high and perfectly dry level, near woods; with strengthening baths, shampooing, and stimulating saline baths.—*British Med. Journal.*

Quinine in Pregnancy.—Henry F. Campbell, M.D. (North Carolina Med. Journal), arrives at the following principles from a discussion of quinine in its relations to obstetric practice:

1. That an exalted reflex excitability of the cerebro-spinal centers, as well as general plethora, may be recognized as a characteristic condition of the pregnant woman from the date of conception to the completion of involution. This may be termed "the gravid development and exaltation of the nerve-centers."

2. That this provisionally increased development and polarity, intended for the purposes of fetal and uterine growth, renders the woman, during its continuance, eminently liable to become the subject of various morbid reflexes more or less peculiar to her condition.

3. That these morbid reflexes are of two perfectly distinct and dissimilar kinds, differing widely as they may happen to occur before or after parturition.

4. During the entire period of pregnancy, and until after labor, the reflexes are of an *excito-motory* character, restricted to the muscular apparatuses of the uterus and of general volition. They are apyretic and non-inflammatory. Their paroxysms threaten premature expulsion of the fetus in pregnancy, and eclamptic convulsions in labor.

5. After parturition the reflexes are of an *excito-secretory* character. They are propagated, through the ganglionic or vasomotor nerves, to the blood-vessels and capillaries of the pelvic organs and tissues and of the general system. They are marked by fever and peritonitis, while arrest of involution and mammary abscess are their not uncommon results.

6. That quinine, by its contractile action on the capillaries of the cerebro-spinal centers, exsanguinates their nervous structure and, more than any known agent, depresses the reflex excitability from which the morbid phenomena of both pregnancy and childbed originate.

7. That quinine, except in cases of idiosyncrasy or from an injudicious administration of the agent, exercises no influence whatever to superinduce premature expulsion of the fetus.

8. That moderate cinchonism adjusted to the type and approach of the paroxysmal neuroses, which endanger the welfare of the fetus during pregnancy, is one of our most efficient resources in many cases of threatened abortion and of premature labor. During parturition it may give "steadiness" to irregular uterine contractions; and, continued during labor, cinchonism is in a most valuable degree, prophylactic against threatened eclampsia.

9. That the reflexes of childbed, pertaining as they do, primarily and principally, to the recently evacuated uterus—well likened to an organ in a traumatic condition—opportune and ready for the awakening of fever and inflammation, are of the gravest character, frequently tending to disorganization and death, or else to permanent and irreparable injury. These "reflexes" constitute a dreaded class of diseases, most commonly called "puerperal which by universal consent must be *prevented* rather than trusted to efforts so often unavailing for their cure. To this end the most valuable and reliable prophylactic method will be found to consist in *the daily administration of quinine to the degree of moderate cinchonism* from the day of parturition and to be continued daily until normal involution is safely secured. By the observance of this "routine" as a rule it is believed that the occurrence of puerperal diseases will be largely prevented, and that the rate of childbed mortality will be greatly diminished.

10. That cinchonism in its quality of preventing and controlling inflammation, whether traumatic or idiopathic, and of suppressing suppuration—all of which is due to its power over reflex excitability of the cord and its action on the capillaries—has a claim to antiseptic value superior to Listerism, and is less to be dispensed with than carbolic acid or any of the means and appliances of the recognized "antiseptic method." In general surgery, and especially in uterine surgery, as well as after parturition, the combination of carbolized irrigations and applications to diminish *peripheral* excitability with persistent *cinchonism* to depress *centric* excitability should constitute hereafter an antiseptic method more reliable, generally practicable, and less to be dispensed with than the most faithful observance of the complex Listerian process.

Communication of Syphilis by Skin-graftiug. Dr. Deubel communicated the following case to the Société Médical des Hopitaux: A man, aged forty-nine, who had never contracted venereal disease, became, in January, 1881, the subject of gangrenous erysipelas of the thigh which was attended with a large ulceration, having its starting point in the superficial ulceration of some hemorrhoids, that, except at some isolated points, refused to cicatrize. On 7th of March, forty-five dermo-epidermic grafts, furnished by five persons, were inserted, and thirty-three of these contracted adhesions; and twenty other grafts taken from seven persons, aged from twenty to forty years, were placed on another part of the wound on the 23d, thirty of the number retaining their vitality. Grafts from the mucous membrane of the mouth of a rabbit were also employed, and on the 23d of March forty new grafts, taken from persons aged from twelve to fifty-four years, were applied. Cicatrization went on satisfactorily until April the 5th, when ulceration commenced in the now almost cicatrized wound where the first grafts had been planted, and soon destroyed the cicatrization. The grafts applied on the second occasion did not ulcerate, but became pale and fell off. The new ulceration had a syphilitic aspect; but the man's wife, who had nursed him, having also been attacked with erysipelas which proved fatal, and a lodger suffering from lymphangitis, it was concluded that the whole had arisen from infectious causes due to the very unsanitary condition of the house in which they all resided. The ulcerations improved on being touched with nitrate of silver, but new ones kept appearing during the next three months, and ten weeks after the first application of the grafts the skin and scalp became the seat of syphilitic eruption, and some weeks later the mucous membrane of the mouth was affected. A mercurial and iodide treatment was put into force, and eight months after the first appearance of the erysipelas the breach of surface became entirely cicatrized. It turned out that a son, who had furnished some of the grafts, was the subject of syphilis.—*Gaz. Méd. de Paris.*

Treatment of Acute Rheumatism by the Salicylates.—By D. W. C. Hood, M.D. (Lond. Lancet):

A critical examination of tables of seven hundred cases points out clearly and decidedly that patients taking salicylate lose their pains more quickly than those who do not take this remedy. Out of Dr. Fagge's cases, of three hundred and fifty, two hundred and eighty-eight lost their pains within the first nine days of treatment. In my own series of three hundred and fifty cases treated in a similar manner, two hundred and forty seven patients lost their pain in the same period of time; whereas of three hundred and fifty cases treated without salicylates, only one hundred and forty one lost pain within the nine days. Is the effect stable? Apparently not, for on looking at the tables we shall see that the relapses among patients taking the remedy are vastly increased; and on further examining the average duration of stay in hospital, we find that patients taking this drug remain perceptibly longer under treatment. A scrutiny of my figures closely corroborates Dr. Fagge's statements that patients soon lose their pains, but are left feeble and exhausted after the use of this remedy.

Endeavoring to estimate the effect of salicylate treatment upon cardiac complication I have divided my twelve hundred cases into three series again—three hundred and fifty without, three hundred and fifty with salicylates, and the remaining five hundred without. The construction of this table gave me no little difficulty, for, as Dr. Fagge justly observed, "Much obscurity attaches itself to the interpretation of the cardiac murmurs heard during the course of acute rheumatism." However, I have felt bound to enter all those cases in which the heart was noted as being affected at some period or other during the time the patient was under treatment. Do not understand by this that I have included cases in which the sounds were mentioned as being rough, prolonged, or the like, but those cases only in which a definite bruit existed. The presence of such bruit would in most cases be indorsed by the opinion of the physician in charge. We find that among the three hundred and fifty patients treated by the salicylates two hundred and forty-one suffered from heart-affection of some kind or other; among the three hundred and fifty treated without salicylates two hundred and twenty-seven suffered from this complication; of the five hundred without salicylates two hundred and seventy-three were affected. The proportion between the two classes is much the same, but what little advantage there is does not appear to lie on the side of the salicylate treatment. With respect to the treatment of acute rheumatism, this complication of heart-affection appears to me one of the most important points for consideration. Acute rheumatism is an expression the sum of which comprises certain known factors, to wit, pain, fever, often dangerously high, and a liability to mischief of heart. There are, doubtless, other points which, for the moment, lie without the scope of our present inquiry. But weigh these several factors one with the other, the preponderance of one is wellnigh overwhelming. Any remedy vaunted as a specific in acute rheumatism must show in marked degree its efficacy in controlling—I would rather say in preventing—heart disease. On this one count alone salicylate acid must be prepared to stand its trial, and must furthur submit to the most severe cross-examination at the hands of the profession.

Albuminuria in Febrile Disease.—From an elaborate study of this subject Dr. Emil Eckstein concludes that febrile albuminuria is dependent upon a local process in the kidneys, especially in the epithelium, of an inflammatory nature, and that this process is dependent upon an infection of the kidney caused either by the actual passage of parasitic organisms or by the inflammatory action of the poisonous principles in solution. An acute nephritis can also be produced by this infection, and Dr. Eckstein believes that acute infectious nephritis and the febrile affection of the kidney are only different grades of the same process, or, in other words, that the kidney affection dependent upon fever is merely an abortive form of acute infectious nephritis.—*Deutsche Med. Wochen.; Med. News.*

Hostility to the Local Use of Atropia and Duboisia.—In the Maryland Medical Journal Dr. Julian J. Chisolm reports a case of a woman, aged seventy, who, after having for a long time systematically made use of atropia after an operation for cataract, suddenly developed a hostility to its action; its use four times being distinctly followed by severe facial erysipelas. A four-grain solution of duboisia was then substituted for the atropia, with the effect of producing decided mental disturbance.—*Medical News.*

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RECENT INTRODUCTIONS TO THE MATERIA MEDICA.

BY

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MANUFACTURING CHEMISTS. DETROIT, MICH.

CHEKEN, (*Eugenia Cheken, Myrtus Chekan.*) This remedy, a native of Chili, is very popular in that country, where it is employed as an *inhalation* in diphtheria, laryngitis, bronchitis, bronchorrhea, etc.; as an *injection* in gonorrhea, leucorrhea, cystitis, etc.; and *internally* as an aid to digestion, to allay cough, to facilitate expectoration, and to stimulate the kidneys. It is also an astringent and is said to be of great value in hemoptysis.

Cheken (known also as Chekan and Chequen) was introduced to the profession of England through a report of results following its use in chronic bronchitis or winter cough by Wm. Murrell, M.D., M.R.C.P., Assistant Physician to the Royal Hospital for Diseases of the Chest, and Lecturer on Practical Physiology at the Westminster Hospital. Dr. Murrell's report is very favorable and he has supplemented it by private advices to us expressing great satisfaction with the drug in the affections in which he has employed it. He regards it as one of the most valuable introductions of late years and pronounces it a drug of very superior properties in the treatment of **chronic bronchitis,** acting in this affection both as an anodyne and exerting a favorable influence over the organic changes in the mucous membrane. It is certainly a remedy which merits a thorough trial at the hands of the profession of this country.

SIERRA SALVIA, ("MOUNTAIN SAGE.") *Artemisia Frigida.* Fluid extract of the herb. Dose, one to two fluid drams. **Diaphoretic and diuretic.**

The success which has attended the administration of this drug in "Mountain fever" has suggested its employment in all febrile conditions attended with suppression of the secretions of the skin and kidneys. Its action in fever seems to be two-fold, acting directly on the nervous center, thus inducing a direct lowering of the temperature, and facilitating the radiation of the heat through diaphoresis which it stimulates. Under its use the kidneys are also aroused to activity, and the solid constituents of the urine proportionately increased. Therapeutic tests have corroborated the opinion formed of it on theoretical grounds.

PERSEA, (ALLIGATOR PEAR.) Fluid extract of the seeds. Dose 30 to 60 minims. This remedy is now for the first time presented to the profession of this country. It is introduced on the recommendation of Dr. Henry Froehling, of Baltimore, Maryland, who while acting in the capacity of botanist and scientist to an exploring expedition in Southern Mexico, became familiar with the drug, both from reports of the natives and personal experience, as a remedy in **intercostal neuralgia.** The following extract from Dr. Froehling's report will give some conception of the nature of this remedy:

"A common experience among physicians is that some cases of intercostal neuralgia are very troublesome and obstinate, resisting almost every kind of treatment; particularly is this the case in malarial districts. In such cases I would recommend the fluid extract of Persea seed. In my own person and in every case in which I have employed it I have been highly gratified with the result. Those of my medical friends to whom I have given samples of the preparation warmly indorse my opinion of it as above, and I can not but believe that further trial of it will cause it to be regarded as a valuable addition to our list of medicines."

Dr. Froehling also mentions the fact that Persea has been employed with benefit in the expulsion of tapeworm.

COCA, (ERYTHROXYLON COCA.) The evidence in favor of Coca is to prove it a powerful nervous stimulant, through which property it retards waste of tissue, increases muscular strength and endurance, and removes fatigue and languor, due to prolonged physical or mental effort. While indicated in all conditions presenting these symptoms it has an especial indication in the treatment of **the opium and alcohol habits.** In these deplorable conditions it has been found to possess extraordinary properties—relieving the sense of untold bodily and mental misery which follows the withdrawal of the accustomed stimulus, thus preventing a return to the narcotic, and affording an opportunity for building up the system by the administration of restorative tonics.

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